INDEPENDENT INVENTORS

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VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37 C.F.R. 1.9(f) AND 1.27(b)) - INDEPENDENT INVENTOR

for ourposes	กร้างลงร่างสะ กอด้นจอดี มีคร.ล เล	Sectors that I qualify as an independent of the Section 41(s) and (b) of Title 33, average cuttled <u>EASY MOP</u> de	t inventor as defined in 37 C.F.R. 1.9(c) United States Code, to the Parent and scribed in
) (d	the specification files provisional application non-provisional appl patent no	n serial no, filed icedon scrial no, filed	
convey or lie under 37 C.F business conv	onso, any rights in the inv. R. 1.9(c) if that person here under 37 C.F.R. 1.9(ention to any person who could not be as made the invention, or to any cono (d) or a amprofit organization under 3	
Escit person, under contrac	concern or organization it or law to assign; grant,	to which I have sealgned, granted, concounty, or House any rights in	rveyed, or licensed or an under obligation the invention is listed below:
 a) M no such person, concern, or organization. b) Dersons, concerns or organizations listed below? 			
"NOTE: Separate verified statements are required from each named person, concern or organization beving rights to the invention averting to their states as small emittes. (37 C.P.R. 1.27)			
NAME ADDRESS			
	a) [] INDIVIDUAL.	b) [] BMALL BUSINESS CONCER	N c) NONPROFIT ORGANIZATION
NAME ADDRESS			
	TAINDIVION [] (N 0) NONPROPIT ORGANIZATION
I acknowledge the duty to file, in this application or patient, socification of any change in status resulting in loss of cutification to areall entity status prior to paying, or at the time of paying, the entities of the issue fie or any maintenance fits due after the date on which status as a small entity is no longer appropriate. (37 C.F.R. 1.28(b))			
information a willful filso The File 12 of the	nd belief are balleved to minuscrits and the like so a Chinal States Code, so	de herein of my own longwledge are to be true; and further that these statemen made are pumishable by fine or impri- d that such willful false statements ma- ; or any patient to which this verified s	conners, or both under Section 1001 of
NAME OF D	VVENTOR	NAME OF INVENTOR	NAME OF INVENTOR
hande	in Jan		- Clauda
frankre of loveries		Signature of Inventor	Seguitive of Inventor
Deta	L	Desto	Date